



MHSA - Behavioral Health Security
 Test Scenario 12 — MHSA Evaluation of EHRs
 © 2008 California Department of Mental Health

Test Script Scenario #12 — Summary

This Clinical Test Scenario involves entering and updating a client's Mental Health Services Act (MHSA) Full Service Partnership (FSP) information.

Test Script Scenario #12

Key Features of this scenario are:

- Enter & Update Child/Youth Client Full Service Partnership Data required by California DMH
- Enter & Update Transitional Age Youth (TAY) Client Full Service Partnership Data required by California DMH
- Enter & Update Adult Client Full Service Partnership Data required by California DMH
- Enter & Update Older Adult Client Full Service Partnership Data required by California DMH

Procedure		Expected Result	Actual Result	Pass/Fail	
Child/Youth FSP Assessment Form (PAF) information					
12.01	Login as Reception user	Login successful.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.02	Enter a new Child/Youth Full Service Partnership Assessment Form (PAF) Data set using: - County = DMH - CSI County Client Number (CCN) = 11110 - Partner's First Name = "One" - Partner's First Name = "DMH" - Partnership Date = 001/01/2008 - Partner's Date of Birth (DOB) = 05/18/2000 - Full Service Partnership Program ID = AAAA - Partnership Service Coordinator ID = 99ZP001 Enter a response for General Living Arrangement: "With one or both biological / adoptive parents" Only enter any other data in form that is required.	System checks for consistent data by comparing data entered with other data already in system. Examples of data comparisons include: CCN, PAF Partnership Dates, and Key Event Tracking (KET) Partnership Termination Dates. No potential duplicates / overlapping PAFs found. No inconsistent usage of PAF Partner's DOB with EHR Master Client Record DOB. No System Warning messages issued showing client's current age is now out-of-range for Child/Youth category. New PAF Data Set created with record creation date and identifier of user who created record.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

12.03	<p>Enter a new Child/Youth Full Service Partnership Assessment Form (PAF) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 11110 - Partner's First Name = "One" - Partner's First Name = "DMH" - Partnership Date = 001/01/2008 - Partner's Date of Birth (DOB) = 05/18/2000 - Full Service Partnership Program ID = AAAA - Partnership Service Coordinator ID = 99ZP001 <p>Enter a response for General Living Arrangement: "With one or both biological / adoptive parents"</p> <p>Only enter any other data in form that is required.</p>	System prevents entry due to same data already in existence in System.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.04	<p>Open an existing Child/Youth Full Service Partnership Assessment Form (PAF) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 11110 - Partner's First Name = "One" - Partner's First Name = "DMH" - Partnership Date = 001/01/2008 - Partner's Date of Birth (DOB) = 05/18/2000 - Full Service Partnership Program ID = AAAA - Partnership Service Coordinator ID = 99ZP001 <p>Modify the Administration Information field "Partnership Coordinator ID" to 99ZP101.</p>	System allows modification.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.05	Modify Partnership Information field "Who referred the partner."	System allows modification.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.06	Modify Partnership Information field CSI County Client Number (CCN) to "99999."	System allows modification.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.07	<p>Enter a new Child/Youth Full Service Partnership Assessment Form (PAF) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 11111 - Partner's First Name = "OneOne" - Partner's First Name = "DMH" - Partnership Date = 01/01/2008 - Partner's Date of Birth (DOB) = 05/18/1980 - Full Service Partnership Program ID = AAAA - Partnership Service Coordinator ID = 99ZP001 <p>Enter a response for General Living Arrangement: "With one or both biological / adoptive parents"</p> <p>Only enter any other data in form that is required.</p>	<p>System checks for consistent data by comparing data entered with other data already in system. Examples of data comparisons include: CCN, PAF Partnership Dates, and Key Event Tracking (KET) Partnership Termination Dates.</p> <p>No potential duplicates / overlapping PAFs found.</p> <p>No inconsistent usage of PAF Partner's DOB with EHR Master Client Record DOB.</p> <p>System Warning message issued showing client's current age is now out-of-range for Child/Youth category.</p> <p>NEW PAF DATA SET NOT CREATED.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Transition Age Youth FSP Assessment Form (PAF) information					

12.08	<p>Enter a new Transition Age Youth Full Service Partnership Assessment Form (PAF) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 22220 - Partner's First Name = "Two" - Partner's First Name = "DMH" - Partnership Date = 02/01/2008 - Partner's Date of Birth (DOB) = 05/18/1990 - Full Service Partnership Program ID = BBBB - Partnership Service Coordinator ID = 99ZP002 <p>Enter a response for General Living Arrangement: "With one or both biological / adoptive parents"</p> <p>Only enter any other data in form that is required.</p>	<p>System checks for consistent data by comparing data entered with other data already in system. Examples of data comparisons include: CCN, PAF Partnership Dates, and Key Event Tracking (KET) Partnership Termination Dates.</p> <p>No potential duplicates / overlapping PAFs found.</p> <p>No inconsistent usage of PAF Partner's DOB with EHR Master Client Record DOB.</p> <p>No System Warning messages issued showing client's current age is now out of range for Transitional-Age Youth category.</p> <p>New PAF Data Set created with record creation date and identifier of user who created record.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.09	<p>Enter a new Transition Age Youth Full Service Partnership Assessment Form (PAF) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 22220 - Partner's First Name = "Two" - Partner's First Name = "DMH" - Partnership Date = 02/01/2008 - Partner's Date of Birth (DOB) = 05/18/1990 - Full Service Partnership Program ID = BBBB - Partnership Service Coordinator ID = 99ZP002 <p>Enter a response for General Living Arrangement: "With one or both biological / adoptive parents"</p> <p>Only enter any other data in form that is required.</p>	<p>System prevents entry due to same data already in existence in System.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.10	<p>Open an existing Transition Age Youth Full Service Partnership Assessment Form (PAF) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 22220 - Partner's First Name = "Two" - Partner's First Name = "DMH" - Partnership Date = 02/01/2008 - Partner's Date of Birth (DOB) = 05/18/1990 - Full Service Partnership Program ID = BBBB - Partnership Service Coordinator ID = 99ZP002 <p>Modify Partnership Information field "Partnership Coordinator ID" to 99ZP102</p>	<p>System allows modification.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.11	<p>Modify Administration Information field "MHSa Housing Program".</p>	<p>System allows modification.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.12	<p>Modify Partnership Information field CSI County Client Number (CCN) to "1111".</p>	<p>System allows modification.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

12.13	<p>Enter a new Transition Age Youth Full Service Partnership Assessment Form (PAF) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 22221 - Partner's First Name = "TwoTwo" - Partner's First Name = "DMH" - Partnership Date = 02/01/2008 - Partner's Date of Birth (DOB) = 05/18/2000 - Full Service Partnership Program ID = BBBB - Partnership Service Coordinator ID = 99ZP002 <p>Enter a response for General Living Arrangement: "With one or both biological / adoptive parents"</p> <p>Only enter any other data in form that is required.</p>	<p>System checks for consistent data by comparing data entered with other data already in system. Examples of data comparisons include: CCN, PAF Partnership Dates, and Key Event Tracking (KET) Partnership Termination Dates.</p> <p>No potential duplicates / overlapping PAFs found.</p> <p>No inconsistent usage of PAF Partner's DOB with EHR Master Client Record DOB.</p> <p>System Warning message issued showing client's current age is now out-of-range for Transitional-Age Youth category.</p> <p>NEW PAF DATA SET NOT CREATED.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Adult FSP Assessment Form (PAF) information					
12.14	<p>Enter a new Adult Full Service Partnership Assessment Form (PAF) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 33330 - Partner's First Name = "Three" - Partner's First Name = "DMH" - Partnership Date = 03/01/2008 - Partner's Date of Birth (DOB) = 05/18/1970 - Full Service Partnership Program ID = CCCC - Partnership Service Coordinator ID = 99ZP003 <p>Enter a response for General Living Arrangement: "With one or both biological / adoptive parents"</p> <p>Only enter any other data in form that is required.</p>	<p>System checks for consistent data by comparing data entered with other data already in system. Examples of data comparisons include: CCN, PAF Partnership Dates, and Key Event Tracking (KET) Partnership Termination Dates.</p> <p>No potential duplicates / overlapping PAFs found.</p> <p>No inconsistent usage of PAF Partner's DOB with EHR Master Client Record DOB.</p> <p>No System Warning messages issued showing client's current age is now out-of-range for Adult category.</p> <p>New PAF Data Set created with record creation date and identifier of user who created record.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.15	<p>Enter a new Adult Full Service Partnership Assessment Form (PAF) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 33330 - Partner's First Name = "Three" - Partner's First Name = "DMH" - Partnership Date = 03/01/2008 - Partner's Date of Birth (DOB) = 05/18/1970 - Full Service Partnership Program ID = CCCC - Partnership Service Coordinator ID = 99ZP003 <p>Enter a response for General Living Arrangement: "With one or both biological / adoptive parents"</p> <p>Only enter any other data in form that is required.</p>	<p>System prevents entry due to same data already in existence in System.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

12.16	<p>Open an existing Adult Full Service Partnership Assessment Form (PAF) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 33330 - Partner's First Name = "Three" - Partner's First Name = "DMH" - Partnership Date = 03/01/2008 - Partner's Date of Birth (DOB) = 05/18/1970 - Full Service Partnership Program ID = CCCC - Partnership Service Coordinator ID = 99ZP003 <p>Modify the Administrative Information field "Partnership Coordinator ID" to 99ZP004.</p>	System allows modification.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.17	Modify General Living Arrangement field "Single-Room Occupancy (must hold lease)".	System allows modification.			
12.18	Modify Partnership Information field CSI County Client Number (CCN) to "1111".	System allows modification.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.19	<p>Enter a new Adult Full Service Partnership Assessment Form (PAF) Data set using:</p> <ul style="list-style-type: none"> -County = DMH -CSI County Client Number (CCN) = 33331 -Partner's First Name = "ThreeThree" -Partner's First Name = "DMH" -Partnership Date = 03/01/2008 -Partner's Date of Birth (DOB) = 05/18/2000 -Full Service Partnership Program ID = CCCC -Partnership Service Coordinator ID = 99ZP003 <p>Enter a response for General Living Arrangement: "With one or both biological / adoptive parents".</p> <p>Only enter any other data in form that is required.</p>	<p>System checks for consistent data by comparing data entered with other data already in system. Examples of data comparisons include: CCN, PAF Partnership Dates and Key Event Tracking (KET) Partnership Termination Dates.</p> <p>No potential duplicates / overlapping PAFs found.</p> <p>No inconsistent usage of PAF Partner's DOB with EHR Master Client Record DOB.</p> <p>System Warning message issued showing client's current age is now out of range for Adult category.</p> <p>NEW PAF DATA SET NOT CREATED.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Older Adult FSP Assessment Form (PAF) information					

12.20	<p>Enter a new Older Adult Full Service Partnership Assessment Form (PAF) Data set using:</p> <ul style="list-style-type: none"> -County = DMH -CSI County Client Number (CCN) = 44440 -Partner's First Name = "Four" -Partner's First Name = "DMH" -Partnership Date = 04/01/2008 -Partner's Date of Birth (DOB) = 06/18/1940 -Full Service Partnership Program ID = DDDD -Partnership Service Coordinator ID = 99ZP004 <p>Enter a response for General Living Arrangement: "With one or both biological / adoptive parents".</p> <p>Only enter any other data in form that is required.</p>	<p>System checks for consistent data by comparing data entered with other data already in system. Examples of data comparisons include: CCN, PAF Partnership Dates, and Key Event Tracking (KET) Partnership Termination Dates.</p> <p>No potential duplicates / overlapping PAFs found.</p> <p>No inconsistent usage of PAF Partner's DOB with EHR Master Client Record DOB.</p> <p>No System Warning messages issued showing client's current age is now out-of-range for Older Adult category.</p> <p>New PAF Data Set created with record creation date and identifier of user who created record.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.21	<p>Enter a new Older Adult Full Service Partnership Assessment Form (PAF) Data set using:</p> <ul style="list-style-type: none"> -County = DMH -CSI County Client Number (CCN) = 44440 -Partner's First Name = "Four" -Partner's First Name = "DMH" -Partnership Date = 04/01/2008 -Partner's Date of Birth (DOB) = 06/18/1940 -Full Service Partnership Program ID = DDDD -Partnership Service Coordinator ID = 99ZP004 <p>Enter a response for General Living Arrangement: "With one or both biological / adoptive parents"</p> <p>Only enter any other data in form that is required.</p>	<p>System prevents entry due to same data already in existence in System.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.22	<p>Open an existing Older Adult Full Service Partnership Assessment Form (PAF) Data set using:</p> <ul style="list-style-type: none"> -County = DMH -CSI County Client Number (CCN) = 44440 -Partner's First Name = "Four" -Partner's First Name = "DMH" -Partnership Date = 04/01/2008 -Partner's Date of Birth (DOB) = 06/18/1940 -Full Service Partnership Program ID = DDDD -Partnership Service Coordinator ID = 99ZP004 <p>Modify the Administrative Information field "Partnership Coordinator ID" to 99ZP004.</p>	<p>System allows modification.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.23	<p>Modify General Living Arrangement field "Single Room Occupancy (must hold lease).</p>	<p>System allows modification.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.24	<p>Modify Partnership Information field CSI County Client Number (CCN) to "1111".</p>	<p>System allows modification.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

12.25	<p>Enter a new Older Adult Full Service Partnership Assessment Form (PAF) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 44441 - Partner's First Name = "FourFour" - Partner's First Name = "DMH" - Partnership Date = 04/01/2008 - Partner's Date of Birth (DOB) = 05/18/2000 - Full Service Partnership Program ID = DDDD - Partnership Service Coordinator ID = 99ZP004 <p>Enter a response for General Living Arrangement: "With one or both biological / adoptive parents"</p> <p>Only enter any other data in form that is required.</p>	<p>System checks for consistent data by comparing data entered with other data already in system. Examples of data comparisons include: CCN, PAF Partnership Dates, and Key Event Tracking (KET) Partnership Termination Dates.</p> <p>No potential duplicates / overlapping PAFs found.</p> <p>No inconsistent usage of PAF Partner's DOB with EHR Master Client Record DOB.</p> <p>System Warning message issued showing client's current age is now out-of-range for Older Adult category.</p> <p>NEW PAF DATA SET NOT CREATED.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Child/Youth FSP Key Event Tracking Form (KET) information					
12.26	<p>Enter a new Child/Youth FSP Key Event Tracking Form (KET) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 11110 - Partner's First Name = "One" - Partner's First Name = "DMH" - Date Completed = 07/01/2008 - Partner's Date of Birth (DOB) = 05/18/2000 - Partnership Status: Date of FSP Program ID Change = 07/01/2008 - Partnership Status: New FSP Program ID= ZZZZ - NO OTHER DATA ENTERED IN FORM 	<p>System checks for consistent data by comparing data entered with other data already in system. Examples of data comparisons include: CCN, PAF Partnership Dates, and Key Event Tracking (KET) Partnership Termination Dates.</p> <p>No potential duplicate KETs found.</p> <p>No inconsistent usage of KET Partner's DOB with PAF Partner's DOB or EHR Master Client Record DOB.</p> <p>New KET Data Set created with record creation date and identifier of user who created record.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.27	<p>Enter a new Child/Youth FSP Key Event Tracking Form (KET) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 11110 - Partner's First Name = "One" - Partner's First Name = "DMH" - Date Completed = 07/01/2008 - Partner's Date of Birth (DOB) = 05/18/2000 - Partnership Status: Date of FSP Program ID Change = 07/01/2008 - Partnership Status: New FSP Program ID= ZZZZ - NO OTHER DATA ENTERED IN FORM 	<p>System prevents entry due to same data already in existence in System.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

12.28	<p>Open a Child/Youth FSP Key Event Tracking Form (KET) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 11110 - Partner's First Name = "One" - Partner's First Name = "DMH" - Date Completed = 07/01/2008 - Partner's Date of Birth (DOB) = 05/18/2000 <p>Complete the following as indicated:</p> <ul style="list-style-type: none"> - Date of Residential Status Change = 7/01/2008 - General Living Arrangement: With adult family member(s) other than parents (non-foster care). 	System allows modification.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Transition Age Youth FSP Key Event Tracking Form (KET) information					
12.29	<p>Enter a new Transition Age Youth FSP Key Event Tracking Form (KET) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 22220 - Partner's First Name = "Two" - Partner's First Name = "DMH" - Date Completed = 07/01/2008 - Partner's Date of Birth (DOB) = 05/18/1990 - Partnership Status: Date of FSP Program ID Change = 07/01/2008 - Partnership Status: New FSP Program ID= YYYY - NO OTHER DATA ENTERED IN FORM 	<p>System checks for consistent data by comparing data entered with other data already in system. Examples of data comparisons include: CCN, PAF Partnership Dates, and Key Event Tracking (KET) Partnership Termination Dates.</p> <p>No potential duplicate KETs found.</p> <p>No inconsistent usage of KET Partner's DOB with PAF Partner's DOB or EHR Master Client Record DOB.</p> <p>New KET Data Set created with record creation date and identifier of user who created record.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.30	<p>Enter a new Transition Age Youth FSP Key Event Tracking Form (KET) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 22220 - Partner's First Name = "Two" - Partner's First Name = "DMH" - Date Completed = 07/01/2008 - Partner's Date of Birth (DOB) = 05/18/1990 - Partnership Status: Date of FSP Program ID Change = 07/01/2008 - Partnership Status: New FSP Program ID= YYYY - NO OTHER DATA ENTERED IN FORM 	System prevents entry due to same data already in existence in System.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

12.31	<p>Open a Transition Age Youth FSP Key Event Tracking Form (KET) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 22220 - Partner's First Name = "Two" - Partner's First Name = "DMH" - Date Completed = 07/01/2008 - Partner's Date of Birth (DOB) = 05/18/1990 <p>Complete the following as indicated:</p> <ul style="list-style-type: none"> - Date of Residential Status Change = 7/01/2008 - General Living Arrangement: With adult family member(s) other than parents (non-foster care). 	System allows modification.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Adult FSP Key Event Tracking Form (KET) information					
12.32	<p>Enter a new Adult FSP Key Event Tracking Form (KET) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 33330 - Partner's First Name = "Three" - Partner's First Name = "DMH" - Date Completed = 07/01/2008 - Partner's Date of Birth (DOB) = 05/18/1970 - Partnership Status: Date of FSP Program ID Change = 07/01/2008 - Partnership Status: New FSP Program ID= XXXX - NO OTHER DATA ENTERED IN FORM 	<p>System checks for consistent data by comparing data entered with other data already in system. Examples of data comparisons include: CCN, PAF Partnership Dates, and Key Event Tracking (KET) Partnership Termination Dates.</p> <p>No potential duplicate KETs found.</p> <p>No inconsistent usage of KET Partner's DOB with PAF Partner's DOB or EHR Master Client Record DOB.</p> <p>New KET Data Set created with record creation date and identifier of user who created record.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.33	<p>Enter a new Adult FSP Key Event Tracking Form (KET) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 33330 - Partner's First Name = "Three" - Partner's First Name = "DMH" - Date Completed = 07/01/2008 - Partner's Date of Birth (DOB) = 05/18/1970 - Partnership Status: Date of FSP Program ID Change = 07/01/2008 - Partnership Status: New FSP Program ID = XXXX - NO OTHER DATA ENTERED IN FORM 	System prevents entry due to same data already in existence in System.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

12.34	<p>Open an Adult FSP Key Event Tracking Form (KET) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 33330 - Partner's First Name = "Three" - Partner's First Name = "DMH" - Date Completed = 07/01/2008 - Partner's Date of Birth (DOB) = 05/18/1970 <p>Complete the following as indicated:</p> <ul style="list-style-type: none"> -Date of Residential Status Change = 7/01/2008 -General Living Arrangement: With adult family member(s) other than parents (non-foster care). 	System allows modification.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Older Adult FSP Key Event Tracking Form (KET) information					
12.35	<p>Enter a new Older Adult FSP Key Event Tracking Form (KET) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 44440 - Partner's First Name = "Four" - Partner's First Name = "DMH" - Date Completed = 07/01/2008 - Partner's Date of Birth (DOB) = 05/18/1940 - Partnership Status: Date of FSP Program ID Change = 07/01/2008 - Partnership Status: New FSP Program ID= WWWWW - NO OTHER DATA ENTERED IN FORM 	<p>System checks for consistent data by comparing data entered with other data already in system. Examples of data comparisons include: CCN, PAF Partnership Dates, and Key Event Tracking (KET) Partnership Termination Dates.</p> <p>No potential duplicate KETs found.</p> <p>No inconsistent usage of KET Partner's DOB with PAF Partner's DOB or EHR Master Client Record DOB.</p> <p>New KET Data Set created with record creation date and identifier of user who created record.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.36	<p>Enter a new Older Adult FSP Key Event Tracking Form (KET) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 44440 - Partner's First Name = "Four" - Partner's First Name = "DMH" - Date Completed = 07/01/2008 - Partner's Date of Birth (DOB) = 05/18/1940 - Partnership Status: Date of FSP Program ID Change = 07/01/2008 - Partnership Status: New FSP Program ID= WWWWW - NO OTHER DATA ENTERED IN FORM 	System prevents entry due to same data already in existence in System.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

12.37	<p>Open an Older Adult FSP Key Event Tracking Form (KET) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 44440 - Partner's First Name = "Four" - Partner's First Name = "DMH" - Date Completed = 07/01/2008 - Partner's Date of Birth (DOB) = 05/18/1940 <p>Complete the following as indicated:</p> <ul style="list-style-type: none"> - Date of Residential Status Change = 7/01/2008 - General Living Arrangement: With adult family member(s) other than parents (non-foster care). 	System allows modification.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Child/Youth FSP Quarterly Assessment Form Form (3M) information					
12.38	<p>Enter a new Child/Youth FSP Quarterly Assessment Form Form (3M) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 11110 - Partner's First Name = "One" - Partner's First Name = "DMH" - Date Completed = 04/01/2008 - Partner's Date of Birth (DOB) = 05/18/2000 <p>Enter "Yes" for the following data:</p> <ul style="list-style-type: none"> - EDUCATION: Is the partner CURRENTLY receiving special education due to serious emotional disturbance? <p>Only enter any other data in form that is required.</p>	<p>System checks for consistent data by comparing data entered with other data already in system. Examples of data comparisons include: CCN, PAF Partnership Dates, and Key Event Tracking (KET) Partnership Termination Dates.</p> <p>No potential duplicate 3Ms found.</p> <p>No inconsistent usage of 3M Partner's DOB with PAF Partner's DOB or EHR Master Client Record DOB.</p> <p>New 3M Data Set created with record creation date and identifier of user who created record.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.39	<p>Enter a new Child/Youth FSP Quarterly Assessment Form Form (3M) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 11110 - Partner's First Name = "One" - Partner's First Name = "DMH" - Date Completed = 04/01/2008 - Partner's Date of Birth (DOB) = 05/18/2000 <p>Enter "Yes" for the following data:</p> <ul style="list-style-type: none"> - EDUCATION: Is the partner CURRENTLY receiving special education due to serious emotional disturbance? <p>Only enter any other data in form that is required.</p>	System prevents entry due to same data already in existence in System.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

12.40	<p>Open a Child/Youth FSP Quarterly Assessment Form Form (3M) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 11110 - Partner's First Name = "One" - Partner's First Name = "DMH" - Date Completed = 04/01/2008 - Partner's Date of Birth (DOB) = 05/18/2000 <p>Enter "No" for the following data:</p> <ul style="list-style-type: none"> - EDUCATION: Is the partner CURRENTLY receiving special education due to serious emotional disturbance? <p>Only enter any other data in form that is required.</p>	System allows modification.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.41	<p>Enter a new Child/Youth FSP Quarterly Assessment Form Form (3M) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 11110 - Partner's First Name = "One" - Partner's First Name = "DMH" - Date Completed = 02/01/2008 - Partner's Date of Birth (DOB) = 05/18/2000 <p>Enter "Yes" for the following data:</p> <ul style="list-style-type: none"> - EDUCATION: Is the partner CURRENTLY receiving special education due to serious emotional disturbance? <p>Only enter any other data in form that is required.</p>	System prevents since Date Completed is not consistent with Quarterly reporting and/or a 04/01/2008 QAF already exists.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Transition Age Youth FSP Quarterly Assessment Form Form (3M) information					
12.42	<p>Enter a new Transitional-Age Youth FSP Quarterly Assessment Form Form (3M) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 22220 - Partner's First Name = "Two" - Partner's First Name = "DMH" - Date Completed = 04/01/2008 - Partner's Date of Birth (DOB) = 05/18/1990 <p>Enter "Yes" for the following data:</p> <ul style="list-style-type: none"> - EDUCATION: Is the partner CURRENTLY receiving special education due to serious emotional disturbance? <p>Only enter any other data in form that is required.</p>	<p>System checks for consistent data by comparing data entered with other data already in system. Examples of data comparisons include: CCN, PAF Partnership Dates, and Key Event Tracking (KET) Partnership Termination Dates.</p> <p>No potential duplicate 3Ms found.</p> <p>No inconsistent usage of 3M Partner's DOB with PAF Partner's DOB or EHR Master Client Record DOB.</p> <p>New 3M Data Set created with record creation date and identifier of user who created record.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

12.43	<p>Enter a new Transitional-Age Youth FSP Quarterly Assessment Form (3M) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 22220 - Partner's First Name = "Two" - Partner's First Name = "DMH" - Date Completed = 04/01/2008 - Partner's Date of Birth (DOB) = 05/18/1990 <p>Enter "Yes" for the following data:</p> <ul style="list-style-type: none"> - EDUCATION: Is the partner CURRENTLY receiving special education due to serious emotional disturbance? <p>Only enter any other data in form that is required.</p>	System prevents entry due to same data already in existence in System.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.44	<p>Open a Transitional-Age Youth FSP Quarterly Assessment Form (3M) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 22220 - Partner's First Name = "Two" - Partner's First Name = "DMH" - Date Completed = 04/01/2008 - Partner's Date of Birth (DOB) = 05/18/1990 <p>Enter "No" for the following data:</p> <ul style="list-style-type: none"> - EDUCATION: Is the partner CURRENTLY receiving special education due to serious emotional disturbance? <p>Only enter any other data in form that is required.</p>	System allows modification.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.45	<p>Enter a new Transitional-Age Youth FSP Quarterly Assessment Form (3M) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 22220 - Partner's First Name = "Two" - Partner's First Name = "DMH" - Date Completed = 02/01/2008 - Partner's Date of Birth (DOB) = 05/18/1990 <p>Enter "Yes" for the following data:</p> <ul style="list-style-type: none"> - EDUCATION: Is the partner CURRENTLY receiving special education due to serious emotional disturbance? <p>Only enter any other data in form that is required.</p>	System prevents since Date Completed is not consistent with Quarterly reporting and/or a 04/01/2008 QAF already exists.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Adult FSP Quarterly Assessment Form Form (3M) information					

12.46	<p>Enter a new Adult FSP Quarterly Assessment Form Form (3M) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 33330 - Partner's First Name = "Three" - Partner's First Name = "DMH" - Date Completed = 04/01/2008 - Partner's Date of Birth (DOB) = 05/18/1970 <p>Enter "Yes" for the following data:</p> <ul style="list-style-type: none"> - EDUCATION: Is the partner CURRENTLY receiving special education due to serious emotional disturbance? <p>Only enter any other data in form that is required.</p>	<p>System checks for consistent data by comparing data entered with other data already in system. Examples of data comparisons include: CCN, PAF Partnership Dates, and Key Event Tracking (KET) Partnership Termination Dates.</p> <p>No potential duplicate 3Ms found.</p> <p>No inconsistent usage of 3M Partner's DOB with PAF Partner's DOB or EHR Master Client Record DOB.</p> <p>New 3M Data Set created with record creation date and identifier of user who created record.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.47	<p>Enter a new Adult FSP Quarterly Assessment Form Form (3M) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 33330 - Partner's First Name = "Three" - Partner's First Name = "DMH" - Date Completed = 04/01/2008 - Partner's Date of Birth (DOB) = 05/18/1970 <p>Enter "Yes" for the following data:</p> <ul style="list-style-type: none"> - EDUCATION: Is the partner CURRENTLY receiving special education due to serious emotional disturbance? <p>Only enter any other data in form that is required.</p>	<p>System prevents entry due to same data already in existence in System.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.48	<p>Open a Adult FSP Quarterly Assessment Form Form (3M) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 33330 - Partner's First Name = "Three" - Partner's First Name = "DMH" - Date Completed = 04/01/2008 - Partner's Date of Birth (DOB) = 05/18/1970 <p>Enter "No" for the following data:</p> <ul style="list-style-type: none"> - Health Status: Does the partner have a primary care physician CURRENTLY? <p>Only enter any other data in form that is required.</p>	<p>System allows modification.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

12.49	<p>Enter a new Adult FSP Quarterly Assessment Form Form (3M) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 33330 - Partner's First Name = "Three" - Partner's First Name = "DMH" - Date Completed = 02/01/2008 - Partner's Date of Birth (DOB) = 05/18/1970 <p>Enter "Yes" for the following data:</p> <ul style="list-style-type: none"> - Health Status: Does the partner have a primary care physician CURRENTLY? <p>Only enter any other data in form that is required.</p>	<p>System prevents since Date Completed is not consistent with Quarterly reporting and/or a 04/01/2008 QAF already exists.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Older Adult FSP Quarterly Assessment Form Form (3M) information					
12.50	<p>Enter a new Older Adult FSP Quarterly Assessment Form Form (3M) Data set using:</p> <ul style="list-style-type: none"> -County = DMH -CSI County Client Number (CCN) = 44440 -Partner's First Name = "Four" -Partner's First Name = "DMH" -Date Completed = 04/01/2008 -Partner's Date of Birth (DOB) = 05/18/1940 <p>Enter "Yes" for the following data:</p> <ul style="list-style-type: none"> -EDUCATION: Is the partner CURRENTLY receiving special education due to serious emotional disturbance? <p>Only enter any other data in form that is required.</p>	<p>System checks for consistent data by comparing data entered with other data already in system. Examples of data comparisons include: CCN, PAF Partnership Dates, and Key Event Tracking (KET) Partnership Termination Dates.</p> <p>No potential duplicate 3Ms found.</p> <p>No inconsistent usage of 3M Partner's DOB with PAF Partner's DOB or EHR Master Client Record DOB.</p> <p>New 3M Data Set created with record creation date and identifier of user who created record.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.51	<p>Enter a new Older Adult FSP Quarterly Assessment Form Form (3M) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 44440 - Partner's First Name = "Four" - Partner's First Name = "DMH" - Date Completed = 04/01/2008 - Partner's Date of Birth (DOB) = 05/18/1940 <p>Enter "Yes" for the following data:</p> <ul style="list-style-type: none"> - EDUCATION: Is the partner CURRENTLY receiving special education due to serious emotional disturbance? <p>Only enter any other data in form that is required.</p>	<p>System prevents entry due to same data already in existence in System.</p>		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

12.52	<p>Open a Older Adult FSP Quarterly Assessment Form Form (3M) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 44440 - Partner's First Name = "Four" - Partner's First Name = "DMH" - Date Completed = 04/01/2008 - Partner's Date of Birth (DOB) = 05/18/1940 <p>Enter "No" for the following data:</p> <ul style="list-style-type: none"> - Health Status: Does the partner have a primary care physician CURRENTLY? <p>Only enter any other data in form that is required.</p>	System allows modification.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.53	<p>Enter a new Older Adult FSP Quarterly Assessment Form Form (3M) Data set using:</p> <ul style="list-style-type: none"> - County = DMH - CSI County Client Number (CCN) = 44440 - Partner's First Name = "Four" - Partner's First Name = "DMH" - Date Completed = 02/01/2008 - Partner's Date of Birth (DOB) = 05/18/1940 <p>Enter "Yes" for the following data:</p> <ul style="list-style-type: none"> - Health Status: Does the partner have a primary care physician CURRENTLY? <p>Only enter any other data in form that is required.</p>	System prevents since Date Completed is not consistent with Quarterly reporting and/or a 04/01/2008 QAF already exists.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12.54	Logout as Reception User.	Logout successful.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
				<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
				<input type="checkbox"/> Pass	<input type="checkbox"/> Fail